

Figure SC850.F17. ES-931A, "Request for Separation Information for Additional UCFE Claim"

STATE OF FLORIDA DEPARTMENT OF LABOR AND EMPLOYMENT SECURITY Division of Employment Security Bureau of Unemployment Compensation Request for Separation Information for Additional Claim — UCFE		Local Office <b>Pensacola</b>	
Date A/C Filed <b>10/22/95</b>		New Claim Filed <b>2/5/95</b>	Date of Request <b>10/25/95</b>

  

SECTION I. IDENTIFICATION DATA			
1. NAME (Last, First, Middle; Maiden, if any) <b>Doe, Jane</b>		2. SOCIAL SECURITY NUMBER(S) <b>111-11-1111</b>	
3. DATE OF BIRTH <b>8/10/50</b>		4. POSITION TITLE <b>Supervisor</b>	
5. PLACE OF EMPLOYMENT (City, State or Country) <b>Pensacola, Florida</b>		6. a. Is payroll office address based on SF-8? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No b. If "No," does claimant state he received SF-8? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
7. Claimant states he was:		a. <input checked="" type="checkbox"/> regular full-time employee b. <input type="checkbox"/> intermittent or part-time employee	
8. The above claimant has reopened his current claim for unemployment compensation. He has indicated he worked for your agency during the following period:		From <b>3/13/95</b>	To <b>10/20/95</b>

  

SECTION II. FEDERAL AGENCY REPLY			
INSTRUCTIONS: Federal Agency to complete Section II and III and return original within four days. (Use reverse side for mailing in window envelope, fold to "Return" address.)			
1. FEDERAL CIVILIAN SERVICE (Always complete this item.)			
a. Did this person perform "Federal civilian service" (as defined for UCFE purposes) for your agency on or after the new claim date shown above? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
b. If "No," explain why this person's service was not Federal civilian service:			
2. IDENTIFICATION: If this person's identifying information (e.g. SSA number or date of birth) listed above is different from that shown on his SF-50 or other separation document, record information from your agency's records:			
3. TERMINAL ANNUAL LEAVE AND SEPARATION INFORMATION			
a. (1) Did this person receive a lump-sum payment(s) for terminal annual leave on or after the new claim date shown above? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
(2) If "Yes" or if currently entitled to such a payment, show for the most recent payment (or entitlement) since such date:			
(3) Amount of Payment <b>\$1,000</b>	(4) Date of Payment <b>11/10/95</b>	(5) Amount of Terminal Annual Leave	
		Days <b>5</b>	Hours <b>40</b>
(7) Number of Duty Hours (workday) <b>8</b>	(8) Hours (basic workweek) <b>40</b>	(6) Period of Terminal Leave	
		Time From <b>8:00</b> To <b>5:00</b>	Date <b>10/23/95</b>
b. Date of Separation		c. Date of last day of active pay status (including annual and sick leave) if earlier than date of separation or if employee not separated.	
d. Reason for separation or nonpay status: (Obtain findings from SF-50, Item 12, "Nature of Action," and Item 30, "Remarks," or if SF-50 not used, record equivalent information from other separation document(s) your agency uses. See the "Federal Personnel Manual" for standards. If payroll office records are incomplete or inadequate, based on need for Form ES-934 in similar cases, refer request to personnel office. Attach copies of documents, if appropriate.)			

  

SECTION III. CERTIFICATION		
1. I CERTIFY THAT I have examined this report which constitutes the findings of this agency and, to the best of my knowledge, it is a correct and complete report.		
2. SIGNATURE OF OFFICIAL	3. TITLE	4. DATE
5. NAME OF PARENT FEDERAL AGENCY <b>Department of the Navy FIC 423</b>	6. ADDRESS OF PAYROLL OFFICE <b>Naval Air Station 368 South Avenue</b>	

  

LES Form ES-931-A (Rev. 4-79) 5322	(UCB-93-A)	Building 01 Code 09 Pensacola, FL 32508-1524
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